

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596 729

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3		2		1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	0			1		
12	1			1		
13	0			1		
14				1		
15				1		
16			1			
17				1		
18					1	
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42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	1		1			
TOTAL DEP.	13	←	16	←		
TOTAL CLAIMS	14	[REDACTED]	17	[REDACTED]		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	
TOTAL CLAIMS						